DEPARTMENT OF PUBLIC HEALTH AND WELFARS 16. Primary Registration District No. 3059 Registrat's No. 216 STATE FILE NUMBER Registration District No. 3059 Registrat's No. 216 STATE FILE NUMBER Primary Registration District No. 3059 Registrat's No. 216 STATE FILE NUMBER No THIS STUB VS 30 Rev. 4/59 D. CITY (If ourside corporate limits, give TOWNSHIP only) D. CITY (If ourside corporate limits, give TOWNSHIP only) D. CITY (If ourside corporate limits, give TOWNSHIP only) D. CITY (If ourside corporate limits, give TOWNSHIP only) D. CITY (If ourside, give Iocation) C. FULL NAME OF (If NOT in hospital, give Iocation) Inside Limits ADDRESS (If ourside, give Iocation) Residence before as STATESI SS OUT 1 b. COUNTYS t. FT 8 n C 0 is admission) TOWN 1 E 8 d WOOd C. FULL NAME OF (If NOT in hospital, give Iocation) Inside Limits ADDRESS (If ourside, give Iocation) Residence before as STATESI SS OUT 1 b. COUNTYS t. FT 8 n C 0 is admission) TOWN 1 E 8 d WOOd C. FULL NAME OF (If NOT in hospital, give Iocation) Inside Limits ADDRESS (If ourside, give Iocation) Residence before as STATESI SS OUT 1 b. COUNTYS t. FT 8 n C 0 is admission) TOWN 1 E 8 d WOOd C. FULL NAME OF (If NOT in hospital, give Iocation) Residence before as STATESI SS OUT 1 b. COUNTYS t. FT 8 n C 0 is admission) TOWN 1 E 8 d WOOd C. FULL NAME OF (If NOT in hospital, give Iocation) Residence before as STATESI SS OUT 1 b. COUNTYS t. FT 8 n C 0 is admission) TOWN 1 E 8 d WOOd C. FULL NAME OF (If NOT in hospital, give Iocation) Residence before as STATESI SS OUT 1 b. COUNTYS t. FT 8 n C 0 is admission) TOWN 1 E 8 d WOOd C. FULL NAME OF (If NOT in hospital, give Iocation) Residence before as STATESI SS OUT 1 b. COUNTYS t. FT 8 n C 0 is admission) TOWN 1 E 8 d WOOd C. FULL NAME OF (If NOT in hospital, give Iocation) Residence before as STATESI SS OUT 1 b. COUNTYS t. FT 8 n COUNTYS t. FT 8 n COUNTYS t. FT 8 n COUNTYS to COUNTYS to COUNTYS to COUNTYS to COUNTYS to COUNTYS to COUNTY to COUNTY to COUNTY to COUNTY to COUNTY to COUNTY	M	ISSC	URI	DI	/ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH = = C2-024240
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9762.5 W (Yes, no, or unknown) (If yes, give war or dates of set	8 🚗 📗	- 1 - 1			
	97625	ן		11	NOI WALE IRM DIE UNIVERSITY CITY, NO.
ONSET AND DEATH	I 40	ŧ		뉟	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
	I/	빏		N N	IMMEDIATE CAUSE (a) ANOSCIC 7445.
Case Real de Marana (of a) 7 hrs				ಠ	Caroline de meseron (of a 7 his
					which gave rise to
13 / -0 = Z stering the under- lying cause last. DUE TO (c) Company Due To (c)	13/-0	• 	+	-	stating the under- lying cause last. DUE TO (c)
PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO SEATH DOLLAR TO THE ISSUED T		5			
	<u>a</u>	<u> </u>			
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OZ PERFORMED?	اً اِ				PERFORMED?
W York Of the Mark Day York	Z				ZOC. TIME OF Hour Month, Day, Year
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	2 % %				
VID P m on the date stated above, and to the best of my knowledge, from the causes stated.	글 O 등				21. I attended the deceased from
Death occurred at 22c. DATE SIGNATURE 22b. ADDRESS 22c. DATE SIGNATURE 22c. DATE SIGNA	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				Los DATE SIGNED
21. I attended the deceased from	ĭ ₩	오		Ö	
23a, BURIAL, CREMATION, 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county): (State)	-	\sqcup	$\dashv \downarrow$	<u> </u> ≱	23a. BURIAL, CREMATION, 23b. DATE
2 REMOVAL (Specify) 6/8/63 LEADWOOD MO STRAWCOLS CO. MO		2		댪	Auria 6/8/63 LEROVISO 7/10 14/1/K/COL SCO.240
ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 2. 1913 Costlicio de la costlició de la costlic		₹		ΥA	24. FUMERAL DIRECTOR ADDRESS ADDRESS 1913
(Licensed Embalmer's Setement on Reverse Side)		=	1 1	m	(Hearing Substitute on Reverse Side)

STATEMENT BY LICENSED EMBALMER

2.1 PC QTAMPE

or by		Stüdent Embalmer No.
working under	my personal supervision.	
Student	Signature of Student Embalmer	Signed Der Songer
		Licensed Embalmer No. 244

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

, If this body is not embalmed, fact should be so stated above.